



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: HEALTHSOUTH DEACONESS REHABILITATION HOSPITAL (EVANSVILLE)

City of Hospital: Evansville

Year Begin: 01/01/2012 (mm/dd/yyyy format)

Year End: 12/31/2012 (mm/dd/yyyy format)

Medicare Provider Number: 15-3025

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$51383681
Outpatient Patient Service Revenue	\$3570739
Total Gross Patient Service Revenue	\$54954420

2. Deductions From Revenue

Contractual Allowance	\$27434148
Other Deductions	\$0
Total Deductions	\$27434148

3. Total Operating Revenue

Net Patient Service Revenue	\$27520272
Other Operating Revenue	\$125716
Total Operating Revenue	\$27645988

4. Operating Expenses

Salaries and Wages	\$10302343	Employee Benefits	\$1938867
Depreciation and Amortization	\$324882	Interest Expense	\$-827
Bad Debt	\$339245	Other Expenses	\$4885816
Total Operating Expenses	\$17790326		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$9855662	Total Assets	\$20401914
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$6984993
Total Net Gains	\$9855662		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$37391305	\$18540787	\$18850518
Medicaid	\$3841199	\$3016616	\$824583
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$13721916	\$5876745	\$7845171
Total	\$54954420	\$27434148	\$27520272

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	

Statement Six: Charity Statement

Hospital Charity Charges	\$197500
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$70495	
HCI Payments	\$0		
Subtotal	\$0	\$70495	\$-70495
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$0	\$0

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0